



Parameters estimation approach for the MEA/hiPSC-CM assays

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1) Motivation and goals

Human induced pluripotent stem cell-derived cardiomyocytes (**hiPSC-CMs**) are a promising tool in regenerative medicine (repair damaged areas) because of pluripotency and ability to differentiate [1]. Computational modeling and simulation is a powerful tool to investigate [2]:

- **drug effects** and their side effects
- **disease** in cardiac electrophysiological activity.

Our goal is to perform *in silico simulations* (quantify and predict affinities and effects of drugs on hiPSC-CMs) to be used in early stage of the development of new compounds. Here we provide an approach allowing to fit the drug model parameters to the experimental data.

2) Tissue model

Modeling a layer of hiPSC-CMs: **bidomain model** (terms in blue) solved in the 2D computational domain Ω of Fig. 1, to compute the membrane potential V_M and the extracellular potential u_e .

$$\begin{cases} \frac{d\mathbf{w}}{dt} - \mathbf{g}(V_M, \mathbf{w}) = 0 & \text{in } \Omega \\ A_M \left(C_M \frac{\partial V_M}{\partial t} + I_{ion} \right) - \text{div}(\sigma_I \nabla V_M) - \text{div}(\sigma_E \nabla u_e) = A_M I_{stim} & \text{in } \Omega \\ -\text{div}((\sigma_I + \sigma_E) \nabla u_e) - \text{div}(\sigma_I \nabla V_M) = \frac{1}{z_{thick}} \sum_{e_k} \frac{I_{el}^k}{|e_k|} \chi_{e_k} & \text{in } \Omega \end{cases} \quad (1)$$

- Ionic current I_{ion} computed with:
 - model proposed by Paci et al. [3] in the case of *pacemaker cells*
 - modified Paci model (with adult version of I_{Na}) in the case of *non-pacemaker cells*.
- Source term added to model a 60-6well MicroElectrode Array **MEA** (terms in red): device used to measure the *field potential* generated from multiple cells. The electrodes are described using the circuit in Fig. 1, by computing the measured current I_{el}^k :

$$\frac{dI_{el}^k}{dt} + \frac{I_{el}^k}{\tau} = \frac{C_{el} dU^k}{\tau dt} \quad \text{with } U^k = \frac{1}{|e_k|} \int_{e_k} u_e, \text{ for } k = 0, \dots, 8, \quad (2)$$

where $\tau = (R_i + R_{el})C_{el}$, R_i is the inner resistance, R_{el} and C_{el} are the resistance and the capacitance of the electrode. The measured **field potential** is then $U_{mes}^k = R_i I_{el}^k$.

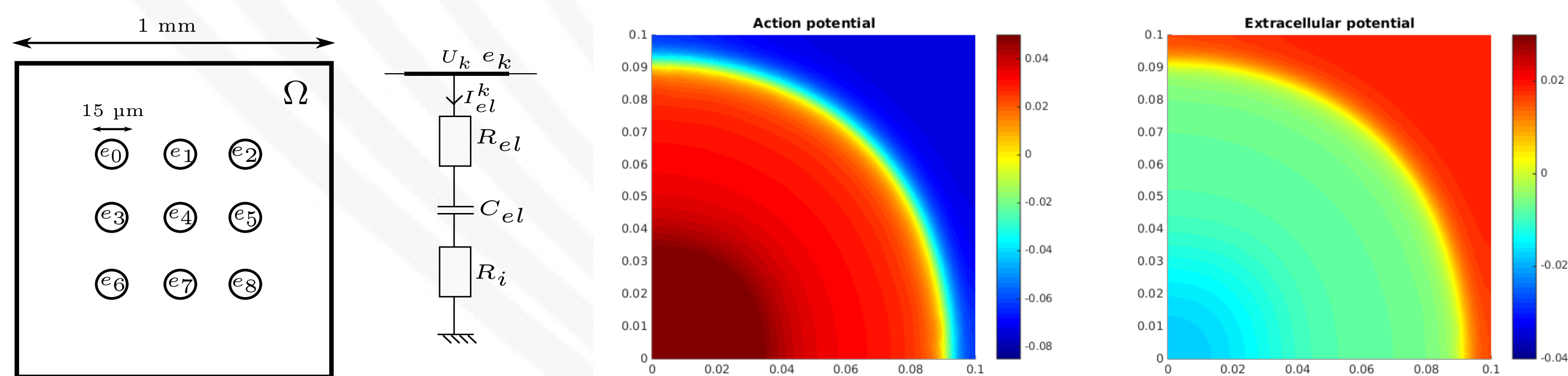


Figure 1: Left: domain Ω for the MEA model and equivalent circuit for the electrodes. Right: propagation of the depolarization front in the case of non-pacemaker cells stimulated in the left-bottom corner.

3) Drug action: Mexiletine example

Pore block model: use of a *conductance-block formulation* [2]. In the ionic model, the conductance of a targeted channel s is reduced by a scaling factor:

$$g_{blocked,s} = g_{control,s} \left[1 + \left(\frac{[D]}{IC_{50}} \right)^n \right]^{-1} \quad \text{with } n = 1,$$

where $[D]$ is the drug concentration and the IC_{50} value is the dose able to block 50% of the channel activity.

- **Mexiletine:** action on I_{Na} (smaller depolarization phase)

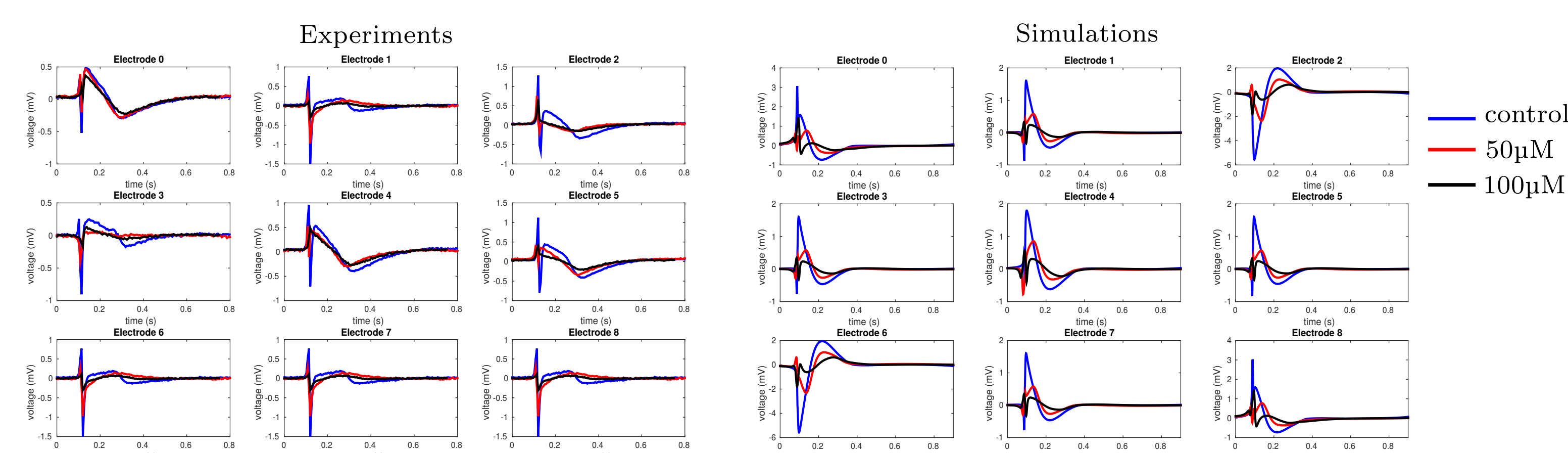


Figure 2: *INa* channel block estimation. Top left: Convergence of the optimization procedure with different initial guess and levels of noise on the observed signals. Relative error is less than 1% for all cases. Top right: Convergence of the cost function. Down left: Propagation of the adjoint state p_M in the case of non-pacemaker cells stimulated in the left-bottom corner.

5) Discussion and future work

We presented a proof of concept of an optimization approach able to estimate the drug dose of a compound when the characteristics of the drug are known. The robustness of the method was tested on drugs targeting *INa* channel using in silico experiments: with 10 % of gaussian noise on the observed field potential, the accuracy of the estimated drug dose is higher than 99%. Future developments would include estimating model parameters of drugs like Mexiletine or Dofetilide, drugs with several targeted channels and fitting of other parameters as IC_{50} , etc.

References

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